

been done showed that it had a curative effect on the main disease. For other forms of goitre strumectomy finds its only indication in dyspnoea, but here it may be warranted in the absence of respiratory interference. Tillaux (1880) first reported a cure by this means. In 1884, Rehn published 3 cases, with more or less definite symptoms of Graves' disease, that were relieved or cured by this operation. (Rehn's fourth case is excluded by Stierlin.) Bénard (1884) reported 2 cases, Josipovici and Wolff (1887) 2 cases, Przebicky and Mikulicz (1888) 1 case and Kocher several, as yet unpublished in detail. The results in these cases were very encouraging. Including his own Stierlin counts 12 known cases.

His case was that of a seamstress, æt. 19 years. The mother in her youth had suffered from goitre, but been cured by external applications. A brother also had a goitre. With the patient this first appeared 5 years previously, and cardiac symptoms 3 months. The eyes were in every way free. He considers the case probably one of incipient Graves' disease.

Typical extirpation of the goitre by Professor Krönlein. The rapid and increased heart-action then gradually returned to normal (from 120-130 to 60-90). The previous dirotic pulse became katarctic. A slight dilatation of the left ventricle disappeared. The nervous restlessness largely subsided.

For comparison he took pulse-curves of patients affected with simple goitre, before and after operation, and found that in such no alteration was produced.

He was unable to make out from these successful operations in exophthalmic goitre any argument for or against the theory of its sympathetic origin.—*Bruns' Beiträge zur klin. Chirg.*, 1889, bd. v, hft. i.

WM BROWNING (Brooklyn).

VII. Scirrhus of the Thyroid. By T. BILLROTH (Vienna) Billroth has operated upon cases of females, æt. 26 and 46 years respectively. In the first case, the tumor, the size of a horse chestnut, was laid bare by an incision along the anterior edge of the sternocleido-mastoid muscle, between the carotid, nerve, œsophagus and lar-

ynx. The suprathyroid artery was tied, believing that he had to deal with a disease of the thyroid; but it was finally decided that the knotty induration extended deeply beneath the sternum, and Billroth decided that further attempts at extirpation were not justified. Four months later the conditions were found to be considerably worse. In the second case the operation was still more difficult, and was followed by an unfortunate result. In this case a knotty induration existed upon the left side, corresponding to that lobe of the thyroid. Only the smallest œsophageal sound could be introduced, and that with great pain. Hoarseness and paralysis of the left vocal cord existed, and the trachea was narrowed in two places. During the operation both œsophagus and trachea were torn, and a canula placed therein, and complete extirpation was successfully accomplished. The patient perished, probably from hæmorrhage, in a few minutes after leaving the table. A small opening was found in the innominate vein, which, however, did not bleed at the time of operation, probably for the reason that it was strongly dragged upon in an upward direction. Billroth calls attention to the exceedingly unfavorable diagnosis of the disease. Diagnosis of this condition of the thyroid is somewhat difficult and the prognosis most unfavorable. Prominent symptoms are, induration of the thyroid, accompanied by radiating pains, and difficulty of breathing and swallowing.—*Wein. Med. W'och.*, 1888, No. 20.

G. R. FOWLER (Brooklyn).

VIII. On Cartilaginous Growths of the Larynx. By Dr. FERUCIO PUTELLI (Venice). The patient, a goldsmith. æt. 50 years, was several times the object of a medical examination on account of a mitral insufficiency. The hoarseness which then also was present was ascribed to his continual use of the blow-pipe, and as independent of the heart disease. Upon post-mortem examination there was found with moderate œdema of the glottis, a pale red tumor lying beneath the vocal cords. The hardened preparation showed that to the cricoid cartilage was attached a half globular tumor, arched somewhat backward, but especially forward, somewhat rough on the surface, yet very hard and not displaceable. The mucous membrane covering it